

# Supplementary Dental Injury & Emergency Insurance Policy

This document should be read in conjunction with the Policy Summary and **your dental plan** information leaflet. It contains full details, terms and conditions of the Supplementary Dental Injury and Emergency Insurance which is an integral part of **your dental plan**. **You** should check the details of the Policy carefully to make sure that the cover provided meets **your** needs.

Answers to some frequently asked questions are also included, so that **you** fully understand the cover and benefits available under the Policy. Should **you** have any additional queries, please contact the DPAS Insurance Team on 01747 873230.

## Frequently asked questions

### Q1: How does my dental plan work?

**A1:** As a member of a **dental plan**, **you** will have the peace of mind that **your** preventive dental care is provided by **your** dentist in return for convenient monthly payments. The monthly amount that **you** pay depends on the type of plan. DPAS Limited ('DPAS') manages and administers **your dental plan** payments using its Direct Debit Originator status. DPAS also arranges this Supplementary Insurance Policy, which forms an integral part of the **dental plan** and provides further cover in the event of dental injuries and dental emergencies. DPAS charges **you** a monthly fee for managing and administering **your dental plan**, which includes the premium payable to the insurers, ACE European Group Limited, for this insurance. DPAS's charges are deducted from **your** monthly payment and the balance is paid to **your** dentist for the dental care services that he/she provides.

### Q2: What happens in a dental emergency?

#### A2:

(i.) **At home (within 15 miles of your dental practice):** when **you** are at home **you** should call **your** practice to access **your** dentist's own emergency arrangements, including the out-of-hours emergency arrangements if appropriate. In the unlikely event that **your** dentist's emergency arrangements are not available, **you** may see a dentist of **your** choice, or **you** may call the dental helpline for assistance (see Page 6 for details).

When **you** are at home, unless the emergency treatment is required as a result of a dental injury, **you** cannot claim for emergency treatment under this Supplementary Insurance (see Exclusion A, Page 5, Section 2). Emergency treatment may be covered by **your dental plan** if provided by **your** dentist or any rota dentist. **Your** practice will be able to advise **you** if **your** plan includes emergency treatment.

(ii.) **Away from home (more than 15 miles from your dental practice):** if **you** are away from home or overseas **you** may see a dentist of **your** choice. **Your** hotel, holiday representative or hosts may also be able to provide contact details for a dentist in the area. If **you** need help in obtaining emergency dental treatment, **you** may call the dental helpline (see Page 6 for details).

When **you** are **away from home** **you** are covered under this Supplementary Insurance for temporary emergency treatment required at the initial appointment. **You** should pay for the treatment, obtain a receipt and submit a claim upon **your** return home. **You** can claim the actual cost of the temporary emergency treatment up to Policy limits, subject to the overall limit (see Page 5, Section 2).

### Q3: What service does the dental helpline provide?

**A3:** The helpline will endeavour to find a dentist in the local area. If successful, the operator will make an appointment for **you** or provide **you** with contact details if **you** prefer. **Whilst every endeavour will be made to source a dentist and make an appointment, the dental helpline cannot guarantee that a dentist will be available to see you.**

### Q4: What is temporary emergency treatment?

**A4:** Temporary emergency treatment is dental treatment that is urgent and necessarily required to stabilise **your** oral condition pending subsequent permanent treatment.

### Q5: Can I claim for permanent treatment received during an emergency appointment?

**A5:** No. Unless the emergency appointment is required as a result of a dental injury (see Page 4, Section 1), **you** are covered for temporary emergency treatment only. If permanent treatment is received, any claim settlement will be based on the likely cost of temporary emergency treatment had this been delivered in isolation.

### Q6: I have tripped and damaged a tooth (e.g. in a fall whilst running for a bus). The tooth had already been identified as a tooth requiring treatment; can I make a claim?

**A6:** **You** should complete a Claim Form (See Page 3 – Making a claim). DPAS will investigate both the circumstances surrounding the injury incident and the pre-incident condition of the tooth to determine how much benefit should be paid (see Exclusion B, Page 4, Section 1).

# Policy terms and conditions

While **you** are a member of a **dental plan** administered and managed by DPAS Limited ('DPAS') **you** are covered by Supplementary Dental Injury and Emergency Insurance underwritten by ACE European Group Limited ('ACE'). ACE is registered in England and Wales (Registration No. 01112892). ACE is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. This can be checked on the Financial Services Register at <https://register.fca.org.uk> (Registration No.202803). ACE's main business is General Insurance and its Registered Office in the United Kingdom is ACE Building, 100 Leadenhall Street, London EC3A 3BP. This Policy is also administered and managed by DPAS. DPAS is authorised and regulated by the Financial Conduct Authority (Registration No: FRN315179). DPAS acts as agent of ACE and only for ACE in the administration of this Policy.

In return for payment of the premium, ACE agrees to insure **you** during the **period of insurance** in the manner and to the extent provided, and subject to the Policy Terms, Conditions and Exclusions. This Policy shows the most ACE will pay for each benefit. Any charge, which exceeds the specified limit, must be paid directly by **you** to the treating dentist.



Andrew Kendrick  
President  
For ACE European Group Limited

## DEFINITIONS APPLICABLE TO ALL SECTIONS:

The following words or phrases used in this Policy have a specific meaning wherever they appear;

<b>You, your Dental plan</b>	insured member of a <b>dental plan</b> the Payment Plan or the Membership Plan available from the dental practice with which <b>you</b> are registered
<b>Mouth cancer Mouth</b>	an invasive malignant tumour with its primary site inside the <b>mouth</b> the lips, tongue, gums, major salivary glands, floor of the <b>mouth</b> , gland tissue associated with the mucosal lining, oropharynx, nasopharynx and hypopharynx, but excluding the tonsils
<b>Period of insurance</b>	the period for which <b>you</b> have paid the required premium. All dates refer to local standard time at <b>your</b> address
<b>Implant</b>	an intra-osseous fixture designed to integrate with the bone and replace the root of a tooth including the abutment
<b>Locality</b>	within 15 miles radius of the dental practice with which <b>you</b> are registered.

## CONDITIONS APPLICABLE TO ALL SECTIONS:

1. **You** must take all reasonable precautions to protect **yourself** against dental injury and **mouth cancer**.
2. If **you** make a representation which is later found to be untrue or misleading but that information is relevant to ACE, then ACE may have the option to void the policy.
3. This Policy is evidence of the contract between **you** and ACE and it shall be governed and construed in accordance with the Law of England and Wales and the English Courts alone shall have jurisdiction in any dispute.
4. Any communication in connection with this Policy shall be in the English language.
5. If **you** stay outside of the UK for more than 180 consecutive days, all cover under this Policy shall be suspended from the 181st day until **you** return to the UK.
6. ACE reserves the right to recover the cost of a claim under this Policy from any third party.
7. If there is any other insurance in force providing any of the same benefits, ACE will only be liable to pay or contribute its reasonable proportion of any claim.
8. ACE is required to notify **you** that other taxes or costs may exist which are not imposed by ACE.

## COST AND DURATION OF COVER:

This is a monthly contract. The premium payable for this insurance cover is £0.88 per month inclusive of the current rate of IPT. **Your** dentist does not receive any mark-up or commission from this premium. **Your** cover commences on the day **you** become a member of the **dental plan** or the day **you** sign the **dental plan** Registration form (whichever is the later) and continues for as long as **you** pay **your** monthly premiums. For each premium **you** pay, we will provide cover until the next premium date. Once the premium is received by DPAS, it is deemed to have been received by ACE.

## CANCELLATION:

If **you** decide within 14 days of receiving this Policy that this insurance does not meet **your** requirements, **you** may cancel this policy. A full refund of any premium paid will be allowed, provided no claims have been made.

**You** may also cancel after 14 days, without charge, providing **you** give DPAS not less than 21 days' notice for the policy to end on the last day of that month.

To cancel please contact DPAS in writing, including email, or by telephone. (See contact details on page 6). As this insurance is an integral part of the **dental plan**, cancellation of this insurance will automatically cancel **your** membership of the **dental plan**. ACE also reserves the right to cancel this policy if **you** fail to make **your** monthly premium payment or due to fraud or attempted fraud, misrepresentation and/or non-disclosure of material facts by **you**.

## **MAKING A CLAIM:**

The cover provided by and the level of benefits available under this Policy are reviewed annually. Before making a claim, please make sure **you** are in possession of the most up-to-date Policy Document. Claim Forms and the latest version of the Policy Document (see bottom right hand corner of page 1) can be downloaded from the DPAS website at [www.dpas.co.uk](http://www.dpas.co.uk). Claim Forms and Policy Documents are also available either from DPAS (see page 6) or from the practice with which **you** are registered. A Claim Form must be completed by **you** (and the treating dentist where specified) and must be sent to the Insurance Team at DPAS within 30 days of the injury incident or emergency incident (or 60 days if the incident happened abroad). Costs will be reimbursed up to the limits shown in this Policy. DPAS will at its sole discretion settle the claim directly either with **you** or the treating dentist. Any charge, which exceeds the specified limit, must be paid directly by **you** to the treating dentist.

**You** must, at **your** expense, provide all necessary reports, receipts or other documentation in support of **your** claim when asked to do so by DPAS. DPAS is entitled to request that **you** undergo a dental or medical examination to assist with the investigation of a claim. If such a request is made, DPAS will pay for and reimburse **you** for any reasonable expense incurred in connection with the examination.

Dental Injury Claims: Please note that **you** may not claim more than £225.00 in total unless DPAS has previously approved a costed treatment plan.

Dental Emergency Claims: The Claim Form should be sent together with the treating dentist's signed receipt showing details of the temporary treatment given.

## **MATERIAL INFORMATION:**

**You** must ensure that all of the information which is provided to DPAS/ACE during registration, by correspondence, over the telephone, on a Claim Form and in other documents is true, complete and accurate. Please note that knowingly providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a claim may not be paid.

## **GENERAL EXCLUSION**

ACE will not pay any claims which would result in ACE being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America.

## **DATA PROTECTION:**

DPAS Limited ('DPAS') and ACE European Group Limited ('ACE') are both data controllers (as defined in the Data Protection Act 1998) and accept fully their responsibility to protect the privacy of customers and the confidentiality and security of Personal Information entrusted to them. In this notice, DPAS and ACE are collectively referred to as '**we, us and our.**'

In this notice, where **we** refer to 'Personal Information', this means any information that identifies an individual and includes any Sensitive Personal Information (e.g. information about health or medical condition(s)).

Where it refers to '**you**' or '**your**' Personal Information, this will include any information that identifies another person whose information **you** have provided to **us** (as **we** will assume that they have appointed **you** to act for them). **You** agree to receive on their behalf any data protection notices from **us**.

We will use **your** Personal Information for the purpose of providing insurance services. By providing Personal Information, **you** consent that **your** Personal Information, will be used by **us**, ACE group companies\*, **our** reinsurers, **our** service providers/ business partners, and **our** agents for administration, customer service, claims handling, assistance services, customer profiling, and for management and audit of **our** business operations. **We** may also pass **your** Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires **us** to do so. **We** will not share **your** Personal Information which is sensitive personal data (as defined in the Data Protection Act 1998) unless **we** have either specific consent from **you** or **your** nominated personal representative or **we** are required to do so by law.

**We** may transfer **your** Personal Information to countries outside the EEA which may not have the same level of data protection as in the UK, but if **we** do, **we** will ensure appropriate safeguards are put in place to protect **your** Personal Information.

If **you** ask **us**, **we** will tell **you** what Personal Information **we** hold about **you** and provide it to **you** in accordance with applicable law. **We** are permitted to charge a fee of £10 for this. Any Personal Information which is found to be incorrect will be corrected promptly. **We** may monitor and/or record **your** communication with **us** either ourselves or using reputable organisations selected by **us**, to ensure consistent servicing levels and account operation. **We** will keep information about **you** only for so long as it is appropriate.

If **you** have any questions regarding the use or type of information held, please contact the Data Protection Officer at DPAS. Contact details can be found on page 6.

\* The ACE Group of companies includes ACE European Group Limited and ACE Europe Life Limited – insurance companies registered in the United Kingdom, and wholly owned subsidiaries of ultimate parent company ACE Limited, a company registered in Switzerland and listed on the New York Stock Exchange.

## Section 1. Dental injury

If during the **period of insurance you** suffer a dental injury, including loss or damage to any prostheses (e.g. dentures) while in the **mouth**, caused suddenly and unexpectedly by a direct external impact to the **mouth, you** may claim the actual cost of any of the following items which is required and provided by any dentist, up to the limits shown but with an overall limit of £10,000 per injury incident.

Item No.	Treatment	Policy Limit	
1.	Examination and report to include necessary smoothing and polishing	up to £47.00	
2.	X-ray examination	up to £35.00	
3.	Laboratory made temporary bridge following tooth loss (where required)	up to £180.00 per pontic/retainer	
4.	Temporary denture following tooth loss (where required)	up to £300.00 per denture	
5.	Bridges	– All metal*	up to £330.00 per retainer
		– All metal*	up to £330.00 per pontic
		– Bonded metal/porcelain*	up to £455.00 per retainer
		– Bonded metal/porcelain*	up to £420.00 per pontic
		– Adhesive	up to £260.00 per retainer
		– Adhesive	up to £295.00 per pontic
6.	Crowns	– Porcelain jacket*	up to £420.00 per crown
		– Ceramic/Zirconia*	up to £500.00 per crown
		– Full metal*	up to £435.00 per crown
		– Metal bonded porcelain*	up to £455.00 per crown
		– Dentine bonded	up to £460.00 per crown
		– Post/core construction	up to £102.00
7.	Dentures	– Permanent acrylic	up to £450.00 per denture
		– Permanent metal	up to £660.00 per denture
8.	Root canal treatment	up to £300.00 per incisor/canine	
		up to £300.00 per premolar	
		up to £385.00 per molar	
9.	Adhesive facing or veneer	up to £425.00 per unit	
10.	Other necessary treatment (including emergency attention where required)	up to £615.00 per incident	

\* Includes any core and/or post required and any necessary interim covering.

### EXCLUDED FROM THE COVER PROVIDED BY SECTION 1 ARE:

- A) the treatment of a dental injury:
- caused by participation in rugby (other than rugby played as a school sport) or boxing, including training, in either case without wearing suitable protective gum shields
  - caused by any foodstuff (including any foreign body in food or drink) while being consumed, other than any associated temporary emergency treatment which will be covered
  - more than 2 years after the injury incident
  - which is the result of ordinary wear and tear
- B) any dental treatment previously prescribed, diagnosed or planned at the time of the injury incident
- C) the fitting or the repair of an **implant**. \*\*

\*\* Where an **implant** is sought as an alternative to fixed bridgework, an equivalent fee will be paid towards the cost of the **implant**.

### SPECIAL PROVISIONS RELATING TO SECTION 1:

- A) if **you** are under 18 years of age when the dental injury occurred any treatment required for that particular dental injury will continue to be covered until **you** reach the age of 18, or for up to 5 years from the date of the injury incident, whichever is attained later
- B) where treatment includes the repair or replacement of a crown, bridgework, a veneer or a denture, benefit will be paid according to the cost of a repair or replacement of similar type or quality.

## Section 2. Dental emergency – temporary emergency treatment

For guidance on what to do in a dental emergency see Q2, Page 1

If during the **period of insurance you** need emergency dental treatment in the United Kingdom when **you** are away from home and more than 15 miles from **your** practice and **you** could not reasonably access **your** dentist's own emergency arrangements, **you** may claim the actual cost of any of the following items required and provided by any dentist up to the limits shown, but subject to an overall limit of £460.00 per emergency incident:

Item No.	Treatment	Policy Limit
11.	Examination and treatment of sensitivity	up to £47.00
12.	X-ray examination	up to £31.00
13.	Treatment to stop haemorrhage including follow-up care	up to £50.00
14.	Tooth extraction (maximum two teeth)	up to £80.00 per tooth
15.	Root extirpation, including dressing and treatment of infection	up to £100.00 for 1 canal
		up to £105.00 for 2 canals
		up to £140.00 for 3+ canals
16.	Treatment of infection	up to £33.00
17.	Investigation & dressing for first tooth	up to £43.00
	– for additional teeth	up to £24.00
18.	Resecure	– crown or inlay
		– bridge
19.	Provision of temporary bridge	up to £155.00
20.	Provision of temporary crown	up to £67.00
21.	Provision of temporary post & core	up to £75.00 per tooth
22.	Repair/adjust orthodontic appliance	up to £58.00
23.	Repair of denture to include re-fixing of teeth & gums and repair of clasp	up to £52.00
24.	Denture adjustment	up to £32.00
25.	Remove sutures inserted by another dentist	up to £30.00
26.	Other temporary emergency treatment	up to £73.00

### EXCLUDED FROM THE COVER PROVIDED BY SECTION 2 ARE:

- A) treatment provided by **your** own dentist, another dentist at the same practice, the rota dentist or a dental practice in the **locality** – i.e. within 15 miles of your dental practice
- B) permanent treatment.

If **you** suffer a dental emergency in the United Kingdom and obtain advice by telephone from, or call out, any dentist (including a dentist from the practice with which **you** are registered) during the times detailed below, **you** may claim the actual cost of one or other of the following items up to the amount shown:

27. Telephone consultation where no attendance follows	up to £36.00
28. Call out fee	– 6am-8am and 6pm-10pm (weekdays)
	– 6am-10pm (weekends & Bank Holidays)
	– 10pm-6am (weekdays & weekends)
	up to £135.00
	up to £180.00
	up to £200.00

**You** are responsible for the first £15.00 of the call out fee.

If **you** suffer a dental emergency outside the United Kingdom **you** may claim:

- 29. The actual cost of any temporary emergency treatment that is reasonably required subject to an overall limit of £460.00 per emergency incident and a maximum of £920.00 in any one calendar year.

### Section 3. Hospital confinement

If during the **period of insurance you** are admitted to hospital for treatment as an inpatient either wholly or partly under the care of a consultant who specialises in dental or maxillofacial surgery, **you** may claim:

30. £68.00 for each overnight stay (maximum 365 nights) in hospital while **your** hospitalisation period necessarily continues.

#### **EXCLUDED FROM THE COVER PROVIDED BY SECTION 3 IS:**

- A) hospitalisation for any condition for which treatment was diagnosed as necessary prior to **your** joining the **dental plan**.

### Section 4. Mouth cancer

31. If during the **period of insurance you** are first diagnosed as having **mouth cancer** by a qualified dentist or doctor (including a specialist) who is licensed to practice, a fixed benefit of £2,500.00 will be payable.

#### **EXCLUDED FROM THE COVER PROVIDED BY SECTION 4 ARE:**

- A) **mouth cancer** which first manifested itself and/or for which investigations/diagnosis have been made either prior to or within the first 90 days of **your** joining the **dental plan**  
B) tumours in the throat  
C) non-invasive cancers  
D) **mouth cancer** associated in any way with HIV related sickness including aids and/or any mutant derivatives or variations thereof  
E) **mouth cancer** resulting from: i) the chewing of tobacco products or betel nuts; or ii) prolonged alcohol abuse.

#### **COMPENSATION:**

In the unlikely event of ACE being unable to meet its liabilities, **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS).

#### **IF YOU HAVE CAUSE TO COMPLAIN:**

If **you** are dissatisfied with the service provided in relation to this insurance, or **you** feel that an incorrect claim decision has been made, please contact the Insurance Team at DPAS who will investigate **your** complaint. If **you** remain dissatisfied with their final response, **you** may approach the Financial Ombudsman Service (FOS) for assistance. A leaflet explaining its procedure is available on request. The existence of this complaint procedure does not reduce **your** statutory rights relating to this Policy. For further information about Statutory Rights **you** should contact the Citizens Advice Bureau.

### Useful contact details:

**DENTAL HELPLINE: in the UK: 0800 525631 overseas: (0044) 1747 820841**

#### **DPAS Limited**

Place Farm Courtyard, Court Street, Tisbury, Wiltshire SP3 6LW

**Enquiries relating to this insurance and/or insurance claims:** 01747 873230

**Fax:** 01747 871806

**Email:** insurance@dpas.co.uk **Website:** www.dpas.co.uk

**General enquiries relating to your dental plan:** 01747 870910

#### **ACE European Group Limited**

200 Broomielaw, Glasgow G1 4RU

**Tel:** 0345 841 0056 **Fax:** 01293 597376

**Email:** customerrelations@acegroup.com

#### **Financial Ombudsman Service**

Exchange Tower, London E14 9SR

**Tel:** +44 (0) 800 023 4567 (calls are free from a UK landline or mobile).

+44 (0) 300 123 9 123 (calls charged at the same rate as 01 or 02 numbers on a mobile phone).

**Fax:** 0207 9641001 **Website:** www.financial-ombudsman.org.uk

#### **Financial Services Compensation Scheme**

10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU

**Tel:** 0800 678 1100 (calls are free from a UK landline or mobile) or 0207 741 4100

**Email:** enquiries@fscs.org.uk **Website:** www.fscs.org.uk